

# 7<sup>TH</sup> YONSEI INTERNATIONAL MINI-RESIDENCY FOR ADVANCED ORTHODONTICS

- **DATES:**  
 COURSE I: JUNE 22(THU) – JUNE 27(TUE), 2017 (6 days)  
 COURSE II: JUNE 19(MON) – JUNE 27(TUE), 2017 (9 days)
- **VENUE: YONSEI UNIVERSITY DENTAL HOSPITAL / 7F Auditorium**  
 50-1 YONSEI-RO, SEODAEMUN-GU, SEOUL, 03722, South Korea

## REGISTRATION FORM

### PERSONAL INFORMATION (\*Items are must)

<b>*NAME in full</b>		<b>*COUNTRY</b>	
<b>*Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>*AFFILIATION/ INSTITUTE</b>	
<b>*ADDRESS</b>			
<b>*PHONE</b>		<b>FAX (if applicable)</b>	
<b>*E-mail</b>			

### REGISTRATION FEE (Deadline: May 1st, 2017)

CLASSIFICATION	COURSE I (JUNE 22-27)	COURSE II (JUNE 19-27) (Max 12 persons)
ORTHODONTIST	US\$ 1,200 <input type="checkbox"/>	US\$ 1,800 <input type="checkbox"/>
POSTGRADUATE STUDENT	US\$ 600 <input type="checkbox"/>	US\$ 900 <input type="checkbox"/>

- Casual lunch, reception, get-together party events are included.
- Hands-on materials & handouts are provided.

### PAYMENT

<b>WIRE TRANSFER</b> <input type="checkbox"/> SWIFT CODE : HVBKRRSEXXX ACCOUNT NO : 0011-2053761-000 BANK NAME: WOORI BANK RECEIPT : YONSEI UNIVERSITY MEDICAL CENTER	<b>CASH/CREDIT CARD ON ARRIVAL</b> <input type="checkbox"/>
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In case of wire transfer, please bring the invoice to the registration desk.

**ACCOMMODATIONS NEARBY:** Please see flyer. You may reserve accommodations on your own.

**CONTACT INFORMATION**

For registration & inquiries, please submit the form via E-mail or fax to the followings:

E-mail: [orthbs@yuhs.ac](mailto:orthbs@yuhs.ac)

TEL: +82-2-2228-3096

FAX: +82-2-363-3404

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